



ALIEN CONSENT OF DISCLOSURE

IF YOU ARE NOT A UNITED STATES CITIZEN OR NATIONAL, YOU MUST COMPLETE AND RETURN THIS FORM WITH COPIES OF YOUR INS DOCUMENT(S) TO THE ADDRESS BELOW TO BE ELIGIBLE FOR UNEMPLOYMENT BENEFITS.

Your Employer Filed Claim (EFC) for unemployment benefits has been processed as a new claim. The Unemployment Insurance Agency (UIA) must verify that you are lawfully present in the United States for the purpose of performing work for an employer. Complete and mail this form **and** copies of your INS documentation to the address below. **FAILURE TO RETURN THE REQUIRED DOCUMENTS WITHIN 5 DAYS MAY RESULT IN AN OVERPAYMENT OF BENEFITS AND PENALTY OF FINE, AND/OR IMPRISONMENT, AND/OR COMMUNITY SERVICE FOR WITHHOLDING MATERIAL INFORMATION TO SECURE BENEFITS.**

You must send **clear** copies of the **front and back** of your INS document(s) containing your Alien Registration Number and the Expiration Date of that registration.

Common documents provided by INS to aliens are:

Form I-1551	Permanent Resident Card or Resident Alien Card
Forms I-766, I-688A, or I-688B	Employment Authorization Document
Form I-94	Arrival Departure Record
Form I797A	Notice of Action and/or Receipt
Form I-688	Temporary Resident Card
	Passport/VISA with INS stamp

If the name on any of your INS documents differs from the name you used to file for unemployment benefits you must also send a clear copy of your driver license, Social Security card, union membership card, birth certificate, marriage license, or other official documentation to establish your identity.

**COMPLETE THIS PAGE AND RETURN IT WITH YOUR DOCUMENTS TO:
EMPLOYER FILED CLAIMS UNIT
P.O. BOX 02986
DETROIT, MI 48202-0903
FAX: (313) 456-2605**

I freely and voluntarily waive the confidentiality provision of the Immigration Reform and Control Act of 1986 (IRCA) to permit the Immigration and Naturalization Service (INS) to provide the State of Michigan, Unemployment Insurance Agency, with my alien status for purposes of determining my eligibility for unemployment benefits.

I understand that the IRCA precludes the INS from using, publishing, or making available information related to my application for adjustment to temporary residence except as provided by law (confidentiality provision).

Name of INS Document _____

Alien Registration Number _____ Expiration Date _____

Print
Your Name: _____ Social Security Number: _____

Signature: _____ Date: _____